

Born in Cleveland ☒ YES ☐ NO

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any _____ Artist SAMUEL BUTNIK
FIRST NAME LAST NAME

Address 1852 COMPTON RD. CLEVELAND 18, CUYAHOGA Tel. YE 24514
NO. STREET CITY ZONE COUNTY STUDIO 391-4793

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2:00 (Check or Money Order) with Entry Blank..

[illegible]

SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Samuel Butrik
SIGNATURE